

EXPENDITURES-TO-DATE REPORT SUMMARY FOR FY 2007-2008 GREAT PARENTS, GREAT START

October 1, 2007 through September 30, 2008

INSTRUCTIONS: The Expenditures-To-Date Budget Summary (1) and the Expenditure Detail (2) must be prepared by or with the cooperation of the district's Business Office using the School District Accounting Manual (bulletin 1022). Actual expenditures of Year Five (2007-2008) funds are to be shown for the time period of October 1, 2007 through the identified ending date. Do NOT include carryover funds from earlier grant years.

1. BUDGET SUMMARY

DUE: November 14, 2008

LEGAL NAME OF INTERMEDIATE SCHOOL DISTRICT					
I.S.D. CODE (Five Characters)	<input checked="" type="checkbox"/> To-Date Expenditures		PROJECT TYPE <input checked="" type="checkbox"/> Regular with Carryover	ENDING DATE OF REPORTED EXPENDITURES 09-30-08	FY of Approved Activity 2008

FUNCTION CODE	FUNCTION TITLE	SALARIES (1000)	BENEFITS (2000)	PURCHASED SERVICES (3000, 4000)	SUPPLIES & MATERIALS (5000)	CAPITAL OUTLAY (6000)	OTHER EXPENSES (7000, 8000)	<u>TOTAL*</u> (See box below)
110	Instruction – Basic Programs							
120	Instruction – Added Needs							
130	Instruction – Adult/Continuing Ed.							
210	Pupil Support Services							
220	Instructional Staff Services							
230	General Administration							
240	School Administration							
250	Business Services							
260	Operation and Maintenance							
270	Pupil Transportation Services							
280	Central Support Services							
290	Other Support Services							
300	Community Services							
400	Outgoing Transfers & Other Transactions							
	TOTAL AMOUNT EXPENDED							

2. EXPENDITURE DETAIL---Must be provided

Explain each line item that appears on the Expenditure Summary, using the indicated function code and title, on forms provided.

MDE certifies the report is complete and meets the program requirements set forth in statute.

TOTAL AMOUNT EXPENDED

Department of Education Share of Expenditures

Local Share of Expenditures (Block A Minus Block B)

A
B
C

_____ DATE	_____ SIGNATURE	BUSINESS OFFICE REPRESENTATIVE (Type or Print)
_____ DATE	_____ SIGNATURE	PROJECT CONTACT PERSON (Type or Print) Colleen O'Connor
_____ DATE	_____ SIGNATURE	M.D.E. CONTACT PERSON (Type or Print)